

Case Number:	CM15-0044125		
Date Assigned:	03/16/2015	Date of Injury:	07/03/1996
Decision Date:	04/16/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47 year old female, who sustained an industrial injury on 7/03/1996, secondary to a fall. The initial diagnosis was not noted. The injured worker was diagnosed as having postlaminectomy syndrome, lumbar region, chronic pain syndrome, myofascial pain, pain in right leg, and contusion of right knee. Treatment to date has included surgical and conservative measures, including diagnostics, medications, physical therapy, psychological counseling, and transforaminal epidural steroid injection. Currently, the injured worker complains of diffuse low back pain, with radiation to her right lower extremity, rated 4-9/10. She reported numbness in the right leg, stiffness of the low back, sleep interference, and feelings of depression and anxiety. She also reported acute onset of right knee pain and swelling, after walking to the store the previous week. She reported improvement with previous use of a back brace, but this brace no longer fit. Current medications included Ambien, Clonazepam, Lidoderm patch, Naprosyn, Norco, and Voltaren gel. A physical exam of the lumbar spine was not documented. Diagnostic imaging reports were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg, 1 Tablet q 3-4 hours by oral route as needed for 30 days #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months. It was used in combination with NSAIDS. Pain scale had a wide range of 4-9/10. There was no mention of pain level with weaning or Tylenol failure. The continued use of Norco is not medically necessary.

Voltaren 1% topical gel, apply 2 grams to the affected areas by topical route 4 times per day, Qty: 1100gm tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for several months. There are diminishing effects after 2 weeks. There was no mention of failure of 1st line medications and the claimant was on oral opioids and NSAIDs. The Voltaren gel is not medically necessary.